acs CLINICAL CONGRESS news

CHICAGO, ILLINOIS 355 62ND ANNUAL CLINICAL CONGRESS OF THE AMERICAN COLLEGE OF SURGEONS TUESDAY, OCTOBER 12, 1976

AUA lecturer balances pluses, minuses of medical education

There are three major categories of troubles facing medical education today, but there are just as many reasons to be optimistic, the dean of the University of California, Los Angeles School of Medicine said yesterday.

In delivering the tenth American Urological Association Lecture, "Is Medical Education a Stone of Sisyphus", Sherman M. Mellinkoff, MD, first categorized the troubles:

1) A relative lack of money. "Although expenditures for medical education and for research in medical schools have risen sharply since World War II and are still climbing, at least in total deflated dollars, there is nonetheless a multifactorial financial anemia", Dr. Mellinkoff pointed out.

2) The disparity between the best medical care available to some people and the relatively poor care provided to others. He explained that this disparity has always been with us, and although the prolifieration of various kinds of health insurance has of itself tended to mitigate this problem, it has nevertheless been aggravated by the tremendous increase in medicine's capacity to help and by the increased costs of much of that help.

3) A general antagonism toward science, technology, and sometimes even medicine itself. Dr. Mellinkoff said that some persons call this anti-intellectualism, or a revival of "know-nothingism". Dr. Mellinkoff amplified this by referring to Ivan Illich as "one of the more celebrated, extreme, and, I suspect, better paid spokesmen for 'anti-medicine', who has somehow discovered that people will pay for lectures or buy books and articles that are full of nonsense provided the thesis is shocking and damns some group perceived as 'the establishment' by a large segment of the populace".

Adding fuel to the pessimists' fires, Dr. Mellinkoff said, is the fact that we can see great potential harm in current events.

Already in the past two decades, he said, there has been a general decline in the percentage of medical schools due for reaccreditation awarded the full maximum seven years' approval.

"Pessimists with an historical perspective can see other eras in which the quality of the general level of medical education waxed and waned.

"Therefore the question can be asked, are medical educators, like the legendary Sisyphus of Corinth, destined to perpetually push a heavy stone close to the top of a mountain only to have the stone roll all the way back?"

But Dr. Mellinkoff does see some signs for optimism.

"First", he said, "desipte Illich and other handicaps, science is well-established and has gathered momentum which will be difficult to stop.

"Second, rational approaches to many social problems of medicine are being developed without compromising quality. Across the country trends are already well-established to correct or mitigate imbalances in the distribution of doctors by area and by specialty.

"Finally, a third reason for optimism", he said, "is that despite many differences in form and custom and in economic and historical fortunes around this wounded earth, there seems to me a growing international consensus among medical educators and medical scientists".

Dr. Mellinkoff concluded, "hence it is my conviction that medical education is not a stone of Sisyphus, but rather a torch, lit long ago on the Island of Cos, flickering more or less brightly at different times for many reasons, recently blown upon by either the hot air of demagoguery or the chilly winds of social storms, but still a light to the world not to be extinguished so long as it retains our care and our respect".

Dr. Mellinkoff's lecture will be printed in full in the November 1976 issue of the *ACS Bulletin*.

DONALD M. GALLAGHER, Chairman of the Board of Governors, (inset), opens the Board of Governors meeting Sunday, calling for reports on continuing education, professional liability, and various administrative, organizational, international, and financial matters. As the speakers' table are, (l. to r.) the following Executive Committee members of the Board of Governors—Homer E. Smith, Jerome J. DeCosse, Thad M. Moseley III, Colin C. Ferguson, and Oliver H. Beahrs, who is vice-chairman of the Governors; H. William Scott, ACS President; C. Rollins Hanlon, ACS Director; John A. Boswick, Jr., secretary of the Governors; and Frank E. Stinchfield, Chairman of the Board of Regents.

Gurd to focus on trauma training in Scudder Oration

The interaction between standards of residency training and the level of hospital care of serious injuries will be explored Tuesday afternoon by a past president of the American Association for the Surgery of Trauma.

Fraser N. Gurd, MD, FRCS(C), FACS, will deliver the annual Scudder Oration on Trauma beginning at 1:30 in the Chicago Room, McCormick Place. The title of his lecture is, "Optimal Care for the Injured Patient: The Role of the Specialty Training Programs".

DR. GURD

Dr. Gurd, who is a former member of the Board of Regents of the American College of Surgeons, received his pre-medical education and his MD degree from McGill University in Montreal, where he is currently a professor of surgery, Faculty of Medicine.

The Scudder Oration, this is the 14th, is named in honor of the first chairman of the American College of Surgeons' Committee on Fractures, predecessor of the Committee on Trauma.

Dr. Gurd will be introduced by Robert W. Gillespie, MD, FACS, chairman of the ACS Committee on Trauma.

Ciné Clinics begin today

Teaching films specially prepared for this years Clinical Congress will be shown starting this morning at 9:00 in the Lindheimer Room, McCormick Place.

The thirteen Ciné Clinics portray exceptional surgical advances. The authors were selected in their areas of expertise by the College's Committee on Medical Motion Pictures, and will be present to discuss their films.

Five titles will be shown this morning (see page 117 in program for listing); and four each on Wednesday and Thursday. Following the Clinical Congress the films will be added to the Surgical Film Library of Davis + Geck, through whose cooperation the films were produced.

Today on television

Color television will originate at Rush Presbyterian-St. Luke's Medical Center in Chicago and be telecast directly to the International Ballroom North of the Conrad Hilton Hotel, beginning this morning at 8:30 with a **pulmonary procedure** that will be performed by L. Penfield Faber, MD, FACS.

Today's second live telecast will be of **biliary tract surgery** performed by Alexander Doolas, MD, FACS.

Persons in the audience will be able to direct questions to a panel whose moderator will be in direct communication with the surgeon who perform the operations.

Today's challenge in the 'Great Square Feet' match-up: its segment is pictured on one of the covers of the official Congress program. Answers to yesterday's quiz on page 4.

Phone messages

Incoming telephone messages for persons attending the Clinical Congress if received at the special number (791-6650, 1, 2, 3) will be posted alphabetically by last name on special card holders at the ACS Message and Information Booth just inside the entrance to McCormick Place.

Remember, please check the message center for personal messages at frequent intervals.

Personal dimension of surgery stressed in Chaplain's corner

Patients undergoing surgery have three main fears: pain, disfiguration, and death, according to a presentation made during the Chaplain's Corner yesterday by the Rev. David L. Middleton, pastoral care coordinator of the surgical units of Lutheran General Hospital, Park Ridge, Illinois.

"The event of surgery becomes a powerful stimulus for reconsidering erend Middleton. "One is forced to examine his beliefs about God and the meaning of life. It is the task of the chaplain to assist the patient in this process of self-examination and help the patient tap his own religious and spiritual resources for encountering the immediate crisis of surgery".

Patients do not complain that surgeons have too little regard for life but they do frequently complain that the surgeon does not treat them as a person, said the speaker.

"I think I can understand this", he said. "Surgeons are typcially busy and task-oriented. They have made considerable gains with the problem-solving approach to scientific inquiry.

"The problem comes when they are overly objective and begin to relate to patients as problems to be solved. Then they are reduced to the status of objects to be manipulated (albeit for their own good). But the personal dimension is lacking.

"In order for the patient to have the confidence that is necessary in the surgeon, he needs to be assured of two things: first, that he is competent and committed to life; second, that he will care for him and relate to him as the person he is. This involves effective, personal communication between the surgeon and the patient. This means listening to the patient's thoughts and feelings in a way that indicates understanding and care", Dr. Middleton said.

Systems failure panel to be held this pm

A one and one-half hour panel discussion on Multiple or Sequential Systems Failure will be presented this afternoon, starting at 1:30, in the Arie Crown Theater of McCormick Place.

The panel will be moderated by Arthur E. Baue, MD, FACS, New Haven.

Panelists are: Alfred P. Morgan, Jr., MD, FACS, Boston; Ben Eiseman, MD, FACS, Denver; and John A. Collins, MD, FACS, St. Louis.

RESIDENCY TRAINING AND MEDICAL MANPOWER occupies the panelists of this Board of Governors' discussion group. Speakers (l. to r.) are David W. Robinson, ACS Governor from Kansas City; James N. Haug, Director of the ACS Department of Surgical Practice; Mrs. Ruth S. Hanft, Professor of Community Medicine at Dartmouth; Ms. Jerry G. Peers, RN, Executive Director of the Association of Operating Room Nurses; Charles G. Drake, ACS Regent; N. Tait McPhedran, consultant from Canada; and William R. Drucker, moderator.

THE BOARD OF REGENTS of the College, the Officers of the College, and the officers of the Board of Governors met Saturday, and we figured as long as they're all in one place . . .

Front row, from left: C. Rollins Hanlon, Director of the College; Second Vice President, Marshall K. Bartlett; Regent Carl P. Schlicke; H. William Scott, Jr., College President; Frank E. Stinchfield, Chairman of the B/R; George R. Dunlop, College President-elect; Allan D. McKenzie, Vice-chairman of the B/R; Jesse E. Thompson, Treasurer; Angus D. McLachlin, First Vice President; and Mr. Robert G. Happ, Comptroller.

Second row, from left: Regents G. Tom Shires, George L Hoffman, John E. Connolly, Charles G. Drake, and William H. Muller, Jr.; Oliver H. Beahrs, Vice-Chairman of the Board of Governors; Homer E. Smith, Jerome J. DeCosse, and Colin C. Ferguson, members of the B/G Executive Committee; Donald M. Gallagher, Chairman of the B/G; John A Boswick, Jr., B/G Secretary; and Regent Frank Hinman, Jr.

Top row, from left: W. Eugene Stern, Secretary; and Regents, John M. Beal, Joseph B. Davis, Ralph D. Alley, Joseph H. Pratt, Chester B. McVay, David C. Sabiston, Jr., Loring W. Pratt, and Joseph E. Murray.

Mexico site of ACS educational meeting

The American College of Surgeons is sponsoring an eight-day visit to Mexico City and Acapulco January 24-30, 1977, that includes a three-day educational meeting of the Mexico, D.F. Chapter of the College and three days of leisure in the popular Pacific Ocean resort.

Cost of the convention tour package is $525 for a Fellow of the College and $350 for the spouse.

Details are in the October issue of the *Bulletin of the American College of Surgeons,* or in a brochure mailed to all FACS; copies of which are available after the Congress from College headquarters.

Improving quality of life should be the main surgical requirement, says Hobbins

The most important requirement in deciding to operate on a patient is that the surgery attempt to improve the quality of life, William B. Hobbins, MD, FACS, president of the Wisconsin Breast Cancer Detection Foundation, Inc., Madison, Wisconsin stated in a session of the Chaplains Corner presented yesterday.

"The surgeon must be sure when he chooses to treat a patient that he is eliminating some process that is impairing the patient's health", he said.

There are many controversial areas in deciding whether surgery is right or wrong, said Dr. Hobbins. Hernias of all types, coronary by-pass, tonsillectomies, breast augmentation, and biopsies of nodular abnormalities of the thyroid can be managed in ways other than surgery.

"As an example, many PSRO's have attempted to list indications for ulcer surgery", he said. "Some even go so far as to say that four to six indications must be present before surgery can be approved. Professional judgment thereby has arbitrary controls and the patient may suffer.

"When a surgeon and the patient sit down electively and decide the issue, those who challenge their decision based on results and alternatives must be careful not to impose their own standards and ethics. No two physicians will handle any patient in a similar manner. One small factor in any case may change the whole approach as well as the result in each case.

"Surgery as an art will remain strong only if others with different philosophies remain understanding and tolerant of different viewpoints of patient management", Dr. Hobbins said.

Reminder for program directors, site visitors

A Symposium for Surgical Program Directors and Specialist Site Visitors will be held this afternoon, from 3:00—5:00 in the Jane Addams Room, McCormick Place.

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Surgical boot reduces risk of vein clotting

An inflatable surgical boot that uses alternating compression and relaxation has been applied routinely to reduce the risk of deep vein clotting in legs of surgical patients undergoing general anesthesia or immobilization for a long period.

Bok Y. Lee, MD, FACS, is presenting a scientific exhibit *(S-55)* showing the calves of the legs compressed for 12 seconds and released for 48 seconds. The exhibit opened Monday, October 11, in Don Maxwell Hall, McCormick Place.

"The system mimics the normal pumping action of the calf muscles by inflation of double-walled boots worn by the patient", said Dr. Lee, who also pointed out that the cyclic inflation and deflation of the boots provides intermittent repetetive compression of the feet and legs.

"The rapid increase of pressure to 40 millimeters of mercury for 12 seconds empties the blood from the leg veins, thus the veins and venous sinuses of the legs empty and refill with each cycle", Dr. Lee pointed out.

In a series of 220 patients using the intermittent pneumatic compression in the last 30 months, there has been no incidence of deep vein thrombosis, said Dr. Lee.

"Ideal vasectomy" described in scientific exhibit

A ten-minute vasectomy performed through a single three millimeter incision under local anesthesia in the physician's office is being described by William M. Moss, MD, FACS, in a scientific exhibit *(S-104)* that opened Monday, October 11, in Don Maxwell Hall, McCormick Place.

Because the incision is small, no sutures are required in the skin.

Dr. Moss reported that 1,500 consecutive cases produced no failures in sterility, and no complications such as hemorrhage, serious infections, or granulomas. There were nine cases of congestive epididymitis and three minor incision infections that healed within days.

Dr. Moss observed that the national average of sterility failure in vasectomy is about one in 200 cases.

In Dr. Moss's surgical technique, both vas deferens are brought out of the single skin incision one at a time and the inside of each end is sealed with heat coagulation.

The patient may drive home immediately after the operation and return to work the next day. Only one in ten patients requires aspirin for pain. The incision heals in a few days and no scar is visible after a few weeks.

Because the operation is painless, performed in a minimum of time, is effective, and has little discomfort or complications, Dr. Moss said it fulfills the requirements of the "ideal vasectomy".

EVELYN D. ALBU, PhD, Associate Director for Professional Services for Schering Laboratories, presents a check for $15,000 to Chester B. McVay, MD, FACS, Chairman of the ACS Scholarship Committee. The money will be presented to three Schering Scholars. Other members of the Scholarship Committee include (l. to r.) W. Eugene Stern, MD, FACS; Olga Jonasson, MD, FACS, and Jay Gillenwater, MD, FACS. Missing is James D. Hardy, MD, FACS.

Application of high heat presented as promising in cancer control

Twenty cancer patients have been treated with high heat applied to the entire body with shrinkage or regression of the tumors in 11 and disappearance of such symptoms as pain, loss of appetite, and loss of weight, according to a Surgical Forum paper presented yesterday by investigators from the University of New Mexico School of Medicine and the Veterans Administration Hospital, Albuquerque, New Mexico.

A water blanket to heat the entire body safely and effectively under general anesthesia to temperatures of 106-108 degrees F. (41-42 degrees C) was devised along with appropriate monitoring and life support measures.

Complications were minimal and included superficial skin burns, irregular heart rhythms, and transient liver dysfunction in approximately 15 percent of cases. "Despite the poor physiologic conditions of most of these patients, only one death occurred after treatment", reported James M. Larkin, MD. "One patient has been rendered tumor-free after three treatments combined with chemotherapy".

The authors are extending their studies to include cancer patients with less extensive involvement and will combine heat treatments with established modes of therapy, including drugs and radiation in the hope that a multi-faceted attack will result in more cures as well as relief of symptoms.

"Obviously", said Dr. Larkin, "many questions remain to be answered, such as: *1)* Which human tumors are heat sensitive? *2)* What is the optimum temperature and duration of treatments necessary to achieve maximum tumor kill? *3)* Will hyperthermia actually cure some cancer patients or just arrest the growth and spread of tumors temporarily?"

Correction

We were half-right in announcing in the first issue that Scientific Exhibit S-31 had cancelled — the exhibitor listed in the official program did cancel. Replacing it, however, is the following:

S-31 New Approach to Myelodysplasia Ananias C. Diokno, MD; Evan Kass, MD; and Jack Lapides, MD, FACS; *University of Michigan Medical Center, Ann Arbor, Michigan.*

$4,300 HAS BEEN ADDED to the American College of Surgeons Endowment Fund by contributions from ACS chapters. Presentation and announcement of contributions were made at the Board of Governors meeting Sunday by Governors Bradford Pease (left, top) for the Oregon Chapter, $500; Henry Kammandel (left, bottom) for the Nebraska Chapter, $1,800; and F. Miles Flickinger (above) for the Ohio Chapter, $1,000. The Ohio Chapter also contributed $1,000 to the Scholarship Fund. Recent contributions to the Endowment Fund have been made by the El Paso, Texas Chapter, $500, and the North Carolina Chapter, $500. Accepting the checks is Donald M. Gallagher, Chairman of the Board of Governors.

Panel focuses on health planning in the U.S.

"Health Planning in the United States", a panel discussion to be presented today beginning at 3:30 pm in the Arie Crown Theater of McCormick Place, will focus on four key topics of importance to surgeons, and relate them to the developing health systems agencies and the planning process.

The one and one-half hour panel will be moderated by Richard D. Egdahl, MD, FACS.

Dr. John Bussman, a pediatrician and president of the American Association of Professional Standards Review Organizations, will discuss the relationship of surgical peer review to the planning process.

Dr. Kenneth Endicott, administrator of the Health Resources Administration, will discuss surgical manpower and possible ways that national goals can be achieved within the framework of a planning process.

Thaddeus M. Moseley III, MD, FACS, will present the different forms of surgical ambulatory facilities and the challenge that each type will have as it moves through the planning process and works to gain approval of health systems agencies.

George R. Dunlop, MD, FACS, President-elect of the American College of Surgeons, will discuss surgical fees and the various suggestions that have been made concerning fee manipulation as related to achieving appropriate numbers of surgeons, practicing in places they are needed, and in the appropriate specialty mix.

After each panelist has spoken, a series of questions will be directed to the panelists by the moderator, and questions will be received from the audience.

ACS Spring Meeting slated for L.A., March 28-31, 1977

The American College of Surgeons will sponsor its fifth annual Spring meeting in Los Angeles, California, starting March 28 and continuing through Thursday March 31. Nine postgraduate courses, four panel discussions, two lectures, two motion picture exhibitions, a film symposium, a Ciné Clinic Symposium, and the popular Fellowship breakfast will be presented during the meeting.

Fellows of the College will receive the necessary registration and hotel forms automatically, early in 1977. Other doctors of medicine may obtain the necessary forms by writing: Mr. Frank Arado; American College of Surgeons; 55 East Erie Street; Chicago, Illinois 66011.

The postgraduate courses will each be nine hours in duration, and most will consist of plenary sessions followed by small workshops. Five of the courses will be presented all day Monday and during the morning on Tuesday; the remaining four will be presented Wednesday afternoon and all day Thursday. The majority of the sessions (panel discussions, lectures, etc.) will be presented either Tuesday afternoon or Wednesday morning. Thus, it will be possible for a person to register for and to attend two of the postgraduate courses and to attend virtually all of the other sessions.

A preliminary program will appear in the February 1977 issue of the Bulletin of the American College of Surgeons.

The postgraduate courses scheduled are: No. 1—Surgical Technique: How I Do It; No. 2—Management of Fluid, Electrolyte, and Acid-Base Balance Problems in the Surgical Patient; No. 3—Monitoring the Acutely Ill Patient.

No. 4—Anorectal Anatomy, Protectomy, Intestinal Stomas, and Management of Hemorrhoids, Fistulas, Fissure, and Truritus Ani; No. 5—Recurrent and Incurable Cancers; No. 6—Biliary Tract Surgery; No. 7—Complications in the Management of the Severely Injured Patient; No. 8—Metabolic Problems in the Surgical Patient; and No. 9—Otolaryngology.

Panel discussions will cover: Burning Issues, or Clinically Significant Controversies in Burn Care; Granulomatous Diseases of the Bowel; Antibiotics in Surgery; and Management of Upper Gastrointestinal Bleeding.

Lectures will be given by Michael E. DeBakey, MD, FACS, Houston, and H. William Scott, Jr., MD, FACS, Nashville.

Answers to photo-quiz

If you guessed the Monadnock Building (upper left), Krause Music Store (upper right), and the Pullman Buildings (lower photo) in the Sunday-Monday issue as the buildings that correspond to the segments pictured on the cover of the official program, you were 'right on' for the first test.

Apologia

An error appears in the official program on page 71, within the Urologic Surgery listings. The cross-reference under Tuesday, October 12, to the Ob/Gyn symposium, "Recurrent Stress Incontinence" (see page 46) should have been listed under Monday, October 11. The symposium, which is listed correctly on page 46, was yesterday.

No more parades

Although it was certainly beyond our control, yesterday's Columbus Day parade wreaked havoc on the shuttle bus service. We apologize to those whom the parade rained on; buses are back on schedule — and will remain there.

Pacemaker needs recharging only once every four years

A pacemaker that needs recharging only once every four years is being described by G. Frank O. Tyers, MD, FRCS(C), FACS, in a scientific exhibit *(S-45)* that opened Monday, October 11, in Don Maxwell Hall, McCormick Place.

A clinical trial is in progress. Real time tests are in their seventh year and accelerated tests indicate a potential life of over 50 years, according to Dr. Tyers.

"The rechargeable pacemaker is different in concept from many others reported since 1958. All previous rechargeable units used nickle-cadmium cells which have lower power cell capacity and the need for recharging for long intervals", Dr. Tyers said.

The pacemakers in the present study were powered by higher capacity silver-mercuric oxide-zinc cells that require between 60 to 80 hours recharging every four years of pacing. While the cell design is protected from overcharging, tests involving overcharging of new cells for up to 70 hours are without detrimental effect, having served only to increase capacity, said Dr. Tyers.

It is requested that smoking be limited to hallways and areas adjacent to scientific meeting rooms (where not prohibited by fire department regulations) and that no smoking occur in the meeting rooms before or during a presentation.

RUPERT B. TURNBULL, JR., MD, FACS, second from right, was the honored guest Sunday evening at the first annual dinner meeting of the Rupert B. Turnbull, Jr. Surgical Society which has been organized by a group of former fellows-in-surgery at the Cleveland Clinic under Dr. Turnbull. There are 59 charter members. The featured speaker of the evening was George Crile, Jr., MD, FACS, left, who is former head of the Department of Surgery at Cleveland Clinic. Second from left is Joseph F. Lydon, MD, FACS, president-elect of the group, and Don E. King, MD, FACS, president.

Meeting reminders

NOTICE: a number of medical school alumni associations and surgical societies will have information booths, usually open the day of the event, in an area adjacent to the registration area in McCormick Place. If your group is not listed below, please check that area.

U.S. **Army** Institute of Surgical Research
5:30—7:30 pm
Cocktail party
Conrad Hilton, Parlor 414

Boston University Medical Center
Department of Surgery
6:00—8:00 pm
Cocktail party
Conrad Hilton, Bel Air Room

Brooklyn and Long Island Chapter, ACS
5:30—7:30 pm
Reception for chapter members and friends
Palmer House, PDR #8

Brown University and Rhode Island Hospital: Section on Surgery
6:00—8:00 pm
Cocktail party
Pick-Congress, Grant Park Room

***Cleveland** Clinic Educational Foundation
Alumni Reunion
6:00—8:00 pm
Former Fellow reception
Conrad Hilton, PDR #1

John E. **Connolly** Surgical Society
5:30—10:30 pm
Cocktail party/Dinner
Conrad Hilton, Parlors 418, 415

Cornell University Medical College
Alumni and New York Hospital Surgeons
5:00—7:00 pm
Cocktail party (spouses welcome)
Pick-Congress, Florentine Room

Cuban Society of Surgery
12 noon—3:00 pm
Luncheon
Conrad Hilton, Parlor 414

George **Curry** Surgical Society
6:30—on
Reception/Dinner
Continental Plaza, Consulates 4-7

Marion S. **DeWeese** Surgical Society
6:30—7:30 pm
Reception
7:30—9:00 pm
Dinner
Palmer House, Crystal Room

Duke University Medical Alumni
(Sponsored by Deryl Hart Society)
6:00—8:00 pm
Reception
Blackstone, Embassy Room

Five Cancer Institute
6:00—8:00 pm
Annual reception
Pick-Congress, Windsor Room

Johns **Hopkins** Medical Alumni
6:00—8:00 pm
Reception
Conrad Hilton, Continental Room

University of **Illinois** Medical Alumni Association
5:00—6:30 pm
Reception
Pick-Congress, Lincoln Room

James IV Association of Surgeons, Inc.
4:00—5:00 pm
Directors meeting
5:00—6:00 pm
Members meeting
Blackstone, English Room
6:00—7:00 pm
Reception
Blackstone, Gold Room

Jefferson Medical College Alumni Assn.
6:00—8:00 pm
Cocktail party
Blackstone, Mayfair Room

Editorial Board of the
Journal of Surgical Research
11:30 am—1:30 pm
Luncheon
Blackstone, Chicago Room

Kansas University Medical Center
Surgery Alumni
6:30—9:30 pm
Cocktail party
Conrad Hilton, Lower Summit

Lahey Clinic Foundation
6:00—7:30 pm
Cocktail party
Conrad Hilton, PDR #4

University of **Louisville**
7:30—9:00 pm
Reception
Palmer House, PDR #17

Maimonides Alumnae
6:00—8:00 pm
Cocktail party
Pick-Congress, Room 1301

Massachusetts General Hospital
General Surgical Services
6:00—8:00 pm
Cocktail party
Conrad Hilton, Waldorf room

Mayo Alumni Association
6:30—7:30 pm
Cocktail party
Conrad Hilton, Williford C

Roy D. **McClure** Surgical Alumni Society
6:00—7:30 pm
Meeting, cocktail party
Pick-Congress, Plaza Room

Midwest Vascular Surgery Society
12 noon—1:30 pm
Luncheon (by invitation)
Conrad Hilton, Room 545

New York University Medical Center
Department of Surgery
6:00—9:00 pm
Cocktail party
Conrad Hilton, Normandie Loonge

Northwestern University Medical School
Alumni Association and the
Department of Surgery
6:00—7:30 pm
Cocktail party ($5)
Pick-Congress, Buckingham Room

University of **Oklahoma** Health Sciences Center, Department of Surgery
6:00—8:00 pm
Cocktail party
Blackstone, French Room

Ophthalmology
6:30—8:30 pm
Reception & Cocktail party
for all ophthalmologists & spouses
Blackstone, Crystal Room

Society of **Philippine** Surgeons
5:30 pm on
Cocktail party/Dinner
Palmer House, Empire Room

Ravdin-Rhoads Surgical Society
6:30—10:30 pm
Reception/Dinner
Conrad Hilton, Williford A

James D. **Rives** Surgical Society
5:30—7:30 pm
Cocktail party
Blackstone, Regency Room

University of **Rochester**
School of Medicine
5:30—8:00 pm
Cocktail party
Conrad Hilton, Boulevard Room

Roosevelt Hospital Surgical Service
5:30—7:30 pm
Cocktail party
Blackstone, Ivy Room

Temple University Medical Alumni Assn.
6:00—8:00 pm
Reception
Conrad Hilton, Parlor 419

Tulane Medical Alumni Assn.
6:00—8:00 pm
Reception for alumni, faculty, and guests
Conrad Hilton, PDR #3

Upstate Medical Center
Department of Surgery
5:30—7:00 pm
Cocktail party
Conrad Hilton, PDR #2

Vanderbilt Medical Alumni Assn.
5:30—7:00 pm
Reception
Blackstone, Presidential Rooms

University of **Virginia**
Medical Alumni Assn.
6:00—7:30 pm
Reception
Drake, Walton Room

Owen H. **Wangensteen**
Surgical Education Foundation
6:00—10:00 pm
Reception/Dinner
Palmer House, PDR #14

Washington University Medical Center
Alumni Assn.
6:30—8:00 pm
Cocktail party
Conrad Hilton, Astoria Room

Wisconsin Medical Alumni Assn.
6:00—11:00 pm
Dinner
Conrad Hilton, Upper Summit

Yale University School of Medicine
Department of Surgery
6:00—8:00 pm
Cocktail party
Conrad Hilton, Williford B

Wednesday am

Society of **Head and Neck** Surgeons—American Society for Head and Neck Surgery
7:00—11:00 am
Breakfast meeting, joint executive councils
Conrad Hilton, Parlor 414

U.S. Chapter, **International** Society of Surgery
7:00—8:00 am
Breakfast (members)
Conrad Hilton, Williford B

National Medical Assn.—Surgical Section
11:45 am—1:30 pm
Luncheon
Conrad Hilton, PDR #2

Editorial Board of **Surgery**
7:00—8:15 am
Breakfast
Conrad Hilton, Parlor 413

Southern Assn. for **Vascular Surgery,**
Founders Meeting
7:30—8:30 am
Breakfast
Blackstone, Ivy Room